

# CHILD PROTECTION GUARDIAN AD LITEM (GAL) VOUCHER

**IN RE:** \_\_\_\_\_

**DOCKET NUMBER(S):** \_\_\_\_\_

**DISTRICT COURT:** \_\_\_\_\_

**JUDICIAL OFFICER:** \_\_\_\_\_

**STAGE COMPLETED:** ☐ Summary Preliminary Hearing

☐ Jeopardy Hearing

☐ Judicial Review and/or Permanency Planning Hearing

☐ Termination of Parental Rights Hearing

☐ Contested (up to 21 hours allowed) ☐ Uncontested (up to 15 hours allowed)☐ Cease Reunification Hearing (if not held with another event)☐ Contested Permanency Guardianship Hearing (22 M.R.S. 4038-C) (if not held with another event)☐ Contested Child Placement Hearing (22 M.R.S. 4005-E (2)) (if not held with another event)

☐ Law Court Appeal

**DATE STAGE COMPLETED:** \_\_\_\_\_

**TOTAL HOURS**  
(In .1 increments)

**TOTAL MILEAGE**  
(Allowable mileage x state rate)  
\$

**TOTAL OTHER EXPENSES**  
(Attach itemization/receipts)  
\$

☐ The voucher exceeds the maximum number of hours allowed by the Revised Fee Schedule for Guardians ad Litem, Me. Admin. Order JB-05-5 (A. 7-16) (effective July 1, 2016). Attached is a copy of the court order pre-approving the additional time.

I certify that payment has not been received, and that no payment or promise of payment has been requested or accepted by me in connection with this case, except as ordered by the court. The attached statement of time spent in preparation, in court, and on expenses is true and correct. I further certify that my billing is in accord with Administrative Order JB-05-5, and in particular that I have not billed for travel time or expenses to/from my declared home court(s) and that I have not double-billed for my time.

This voucher was filed in one of my designated Home Courts?

☐ Yes    ☐ No

Signature of GAL \_\_\_\_\_

Date submitted

Name of GAL (print) \_\_\_\_\_

Check Payable To

Re-submission ☐ Yes ☐ No

Address

Vendor Code #

**ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED OR VOUCHER WILL BE RETURNED.**

<b>FOR COURT USE ONLY</b>		<b>Court Date Stamp</b>
Hourly Fee	\$ _____	
Mileage	\$ _____	
Other Expenses	\$ _____	
<b>TOTAL DUE</b>	<b>\$ _____</b>	
Clerk Verification _____		

  

<p><b>Total Hours/Mileage/Other Expenses</b></p> <p><b>APPROVED BY:</b></p> <p>_____          (Signature)      <input type="checkbox"/> Judge      <input type="checkbox"/> Clerk          Date: _____</p> <p><b>JUDICIAL OFFICER NOTES:</b></p>	<p><b>AOC Approved for Payment</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 15%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Fund</td> <td style="text-align: center;">Agency</td> <td style="text-align: center;">Unit</td> <td style="text-align: center;">Approp.</td> <td style="text-align: center;">Object</td> <td style="text-align: center;">(Date)</td> </tr> <tr> <td style="text-align: center;"><b>010</b></td> <td style="text-align: center;"><b>40A</b></td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><b>012</b></td> <td style="text-align: center;"><b>4040</b></td> <td></td> </tr> <tr> <td style="text-align: center;">TRANS TYPE</td> <td style="text-align: center;">AGENCY CODE</td> <td colspan="4" style="text-align: center;">DOCUMENT I.D #</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 5px;">GAX</td> <td style="border: 1px solid black; text-align: center; padding: 5px;">40 A</td> <td colspan="4" style="border: 1px solid black; height: 40px;"></td> </tr> </table>							Fund	Agency	Unit	Approp.	Object	(Date)	<b>010</b>	<b>40A</b>	_____	<b>012</b>	<b>4040</b>		TRANS TYPE	AGENCY CODE	DOCUMENT I.D #				GAX	40 A				
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